



## Experiential avoidance, self-compassion, self-judgment and coping styles in infertility



Marina Cunha<sup>a,b</sup>, Ana Galhardo<sup>a,b,\*</sup>, José Pinto-Gouveia<sup>b</sup>

<sup>a</sup> Instituto Superior Miguel Torga, Largo da Cruz de Celas, n°1, 3000-132 Coimbra, Portugal

<sup>b</sup> CINEICC, Faculty of Psychology and Educational Sciences, University of Coimbra, Rua do Colégio Novo, 3001-802 Coimbra, Portugal

### ARTICLE INFO

#### Article history:

Received 9 September 2015

Revised 23 March 2016

Accepted 5 April 2016

#### Keywords:

Infertility

Psychological inflexibility/experiential avoidance

Self-compassion

Self-judgment

Coping styles

### ABSTRACT

**Objectives:** This study sought out to explore the existence of differences regarding emotion regulation processes (psychological inflexibility/experiential avoidance, self-judgment and self-compassion) and coping styles (emotional/detached, avoidant and rational) in three different groups of couples: 120 fertile couples (FG), 147 couples with an infertility diagnosis who were pursuing medical treatment for their fertility problem(s) (IG), and 59 couples with infertility applying for adoption (AG).

**Study design:** Cross-sectional survey, using the couple as unit of analysis.

**Main outcome measures:** Participants filled in paper-pencil questionnaires assessing coping styles, psychological inflexibility/experiential avoidance, self-judgment and self-compassion.

**Results:** IG couples, and particularly women, tend to use more experiential avoidance and self-judgment mechanisms and less emotional/detached coping style. When compared to FG couples, IG and AG couples tend to apply more avoidant coping strategies. AG couples showed higher self-compassion.

**Conclusions:** Findings suggest that emotion regulation processes may be an important target in psychological interventions for patients dealing with infertility and with the demands of medical treatment.

© 2016 Elsevier B.V. All rights reserved.

### Introduction

The European Society for Human Reproduction and Embryology (ESHRE) describes infertility as “a disease of the reproductive system defined by the failure to conceive after 12 months of regular unprotected sexual intercourse” ([1], p. 1062). Besides being a disease of the reproductive system it is also a social and emotional condition and can be described as a low-control stressor in which the couple is confronted with the unfulfilled goal/desire of parenthood [2].

Concerning prevalence a systematic analysis of 277 health surveys estimates that 48.5 million couples worldwide are infertile [3]. In Portugal, the Afrodite Study [4] found prevalence values between 9% and 10%.

Facing infertility is often seen as a physically and psychologically demanding experience and according to Covington and Adamson [5] feelings of defectiveness, inadequacy, inferiority, worthlessness, shame and guilt are frequently experienced by men and women with infertility. The relationship between infertility and psychopathology has gathered the interest of researchers but studies

have produced mixed results. Reviews by Greil [2] and Eugster & Vingerhoets [6], highlighted more similarities than differences between infertile patients and comparison groups. Verhaak and colleagues [7], in a systematic review, described only slight differences regarding emotions when comparing women starting *in vitro* fertilization (IVF) with controls. More recently, Biringer and colleagues [8] found no significant differences between women with current infertility and mothers without infertility regarding levels of anxiety and depression. On the other hand, Chen, Chang, Tsai and Juang [9] stated that women pursuing medical treatment for infertility show a high prevalence of psychiatric disorders, namely generalized anxiety disorder (23.2%) and major depression (17.0%). On a study conducted by Volgsten and colleagues 30.8% of women and 10.2% of men undergoing *in vitro* fertilization (IVF) treatment presented a psychiatric diagnosis. Major depression was the most common mood disorder (10.9% of women and 5.1% of men). Additionally, Sejbaek and colleagues [10] in a register-based national cohort study found that women presenting a diagnosis of depression prior to Assisted Reproduction Technologies (ART) treatment started considerably fewer treatment cycles and had a lower mean number of ART live births when compared with women without a depression history. Furthermore, in a prospective study on the reasons for treatment dropout, couples state that the stress infertility exerts on their relationship and being too anxious or too depressed to continue are the two more important ones [11]. This finding was also

\* Corresponding author. Instituto Superior Miguel Torga, Largo da Cruz de Celas, n°1, 3000-132 Coimbra, Portugal. Tel.: +351 239 488030.

E-mail address: [anagalhardo@ismt.pt](mailto:anagalhardo@ismt.pt) (A. Galhardo).

corroborated by a systematic review that specified psychological burden as a common reason across treatment stages for couples discontinuing treatment [12].

In fact, dealing with difficulties in conceiving and the demands of medical treatment often leads to a painful emotional experience and emotion regulation processes may play a crucial role. Emotion regulation can be defined as a set of processes by which we assess, monitor and express emotions according to the context of their occurrence [13,14]. Emotion regulation comprises three core features: the activation of a regulatory goal (what people are trying to achieve), the engagement of regulatory processes (emotion regulation strategies to attain that goal) and the modulation of the emotion trajectory (consequences from using that strategy to achieve that emotion regulation goal) [15]. Furthermore it can include the capacity to respond adequately to others' emotions [16]. The relationship between psychopathological symptoms and the use of different emotion regulation strategies has been established in several studies [17].

Coping has been defined as the “cognitive and behavioral efforts to manage demands that are appraised as taxing or exceeding the resources of the person” ([18], p. 141).

There are several classifications for coping strategies, usually as having rational and emotional components [19]. However some of them do not include the detached or distancing coping style. Roger and colleagues (1993) state that the detached coping style can be different from task-oriented strategies and it does not involve avoidance or denial. Instead feeling less involved with stressful events may help subjects to deal in a more effective way with stressful situations. As such in the current study we followed Roger's perspective and considered the following coping styles: emotional (feeling of being worthless, unimportant and overwhelmed by emotion), detached (feeling of being independent from the event and the emotion associated with it), rational (task oriented) and avoidant (physical and psychological avoidance). Although emotion regulation and coping may be difficult to distinguish and may somehow overlap, coping tends to focus on relieving stress responses (e.g., coping with infertility treatment over months) [20]. According to John and Gross [21] an important distinction between coping and emotion regulation is that coping involves additional reappraisal of the problem and problem solving intended to modify a situation or a behavioral response rather than just the emotional responses. As such coping includes more than regulating emotions. Furthermore coping is related to the way people deal with negative emotions elicited by stressful situations, while emotion regulation includes dealing with both positive and negative emotions [22].

More recently, constructs such as psychological inflexibility/experiential avoidance, self-compassion, and self-judgment have been pointed as important emotion regulation processes due to their impact in well-being and psychological adjustment [23,24]. These concepts emerge from contextual behavior therapies or 3rd wave cognitive-behavioral therapies and have been applied to a wide range of situations, such as chronic pain, cancer, anxiety disorders, depression and stress [25,26]. Evidence from these studies suggests that these processes may significantly reduce the suffering associated with several health conditions.

Psychological inflexibility/experiential avoidance can be defined as a process that occurs when people are unwilling to remain in contact with aversive inner experience. Machell, Goodman and Kashdan [27] define experiential avoidance as a regulatory strategy characterized by efforts to control or avoid unpleasant thoughts, feelings and bodily sensations. In fact, several studies have found an association between psychological inflexibility/experiential avoidance and several health conditions (e.g., [23,26]).

Self-compassion entails kindness and understanding toward oneself and others, perceiving one's experiences as part of the larger human experience, and being in contact with one's painful thoughts

and emotions without over-identifying with them – three basic components [24]. Self-compassion can be seen as a useful emotion regulation process that encompasses a positive and supportive attitude toward the self, as it is associated with greater psychological health [28]. Recently, Raque-Bogdan and Hoffman [29] found that self-compassion mediates the relation between the need for parenthood and subjective well-being in women with primary (“When a woman is unable to ever bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth”) [30] or secondary infertility (“When a woman is unable to bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth”) [30]. These authors suggest that self-compassion may function as an emotional regulation strategy and a form of resiliency to deal with feelings of self-blame or blame for infertility.

On the other hand, self-judgment involves being harshly self-critical when in front of failure or pain (self-criticism), perceiving one's experiences as separate from the larger human experience (isolation) and over-identifying with painful thoughts and feelings (over-identification) [31]. Self-judgment can be seen as an emotion regulation process in which individuals tend to be self-critical, to feel isolated and disconnected from others, and to over-identify with their negative emotional states [24].

Until recently, coping styles were the emotion regulation mechanisms that interested researchers the most in the area of infertility. Peterson and colleagues [32] have identified distancing/avoidant and responsibility acceptance as the coping styles positively correlated with depression, while social support seeking and problem-solving strategies proved to be negatively correlated with depressive symptoms. A longitudinal study addressing coping styles in couples with 5 years of unsuccessful medical treatment for infertility showed that passive or active avoidant coping strategies were associated with personal, marital and social stress. In turn, meaning based coping strategies (being able to attach a positive meaning to the infertility experience) were related to a decrease in individual stress in women and to a decrease in marital stress in men [33]. Another study revealed that coping processes beneficial to one spouse could be problematic for the other one. Specifically, couples where men rely predominantly on distancing coping style, but their partners use low amounts of distancing, showed higher levels of distress [34].

Regarding emotion regulation mechanisms and specifically in people with reproductive issues, a study conducted by Dana and colleagues [35] revealed that women facing infertility showed a reduction of emotion regulation functionality (more feelings suppression, more anger and less cognitive reassessment) and a decrease in affective control (more depressed mood, more anxiety and less positive affect) when compared to fertile controls. Additionally, the relevance of processes such as self-judgment, self-compassion and acceptance has already been suggested. For example, Galhardo and colleagues [36] found that depression was significantly associated with self-judgment in people with infertility. In line with these findings, another study addressing the mediator role of self-compassion and self-judgment on the effects of shame on infertility-related stress found significant gender differences. While in women self-compassion seemed to have a protective effect on the impact of internal shame, in men self-judgment emerged as a risk factor increasing the impact of externally and internally focused shame on infertility-related stress [37].

Bearing in mind the importance of these constructs it is not surprising that researchers have been interested in understanding which coping strategies and processes are most effective under several circumstances. Gross [20] reviewed numerous studies and stated that emotion regulation is currently a major topic throughout psychology in biological, developmental, social, personality, clinical and health areas. Thus recognizing emotion regulation mechanisms that

Download English Version:

<https://daneshyari.com/en/article/5566152>

Download Persian Version:

<https://daneshyari.com/article/5566152>

[Daneshyari.com](https://daneshyari.com)